2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S58479

Address:

City-St-Zip:

1119 SOUTH STREET

KEY WEST, FL 33040

Entity Name: HOSPITALITY PROPERTIES, INC.

FILED Apr 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1119 SOU KEY WES	TH STREET T, FL 33040				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TH STREET T, FL 33040				
FEI Number	: 65-0267861	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
1119 SOU	D, MYRON ITH STREET T, FL 33040	US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
		o satisfy its Intangible Tax filing req g Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTVS (HAMMOND, M\ 1119 SOUTH S KEY WEST, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (HAMMOND, M`) Delete YRON	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON HAMMOND D 04/15/2002